

POWER OF ATTORNEY

UNITED STATES PATENT AND TRADEMARK OFFICE PATENT/DESIGN

Applicant: Dr. Karl-Heinz Bauer

Do hereby authorize the following firm, and its attorneys listed below, to represent me (us) as applicant(s) or proprietors(s) to act for me (us) in proceedings before the United States Patent and Trademark Office concerning the following United States Patent Application(s) or Patent(s) and to receive payments on my (our) behalf:

Applicant: Dr. Karl-Heinz Bauer

For (title): Method and Device for Securing Patient Data

Application Number: 10501668

Date Filed: 7/15/2004

This authorization shall also apply to any proceedings under the Patent Cooperation Treaty.

Subauthorization may be given.

I (we) hereby revoke all previous authorization(s) in respect to the above application(s) or patent(s).

Address all telephone calls and correspondence to the below referenced firm.

Signature

Date:

Name:..

____ A \

DR. MED SOPL ASTLA

(3)

Keith H. Orum <u>33985</u> Catherine L. Gemrich <u>50473</u> George F. Dvorak <u>17656</u>

ORUM & ROTH LLC 53 WEST JACKBON BOULEVARD CHICAGO, ILLINOIS 60604-3606 USA

PHONE: 312.922.6262 FAX: 312.922.7747

EMAIL: EMAIL@ORUMROTH.COM